MEDICAL RECORD	ALLERGY IMMUNOTHERAPY RECORD For use of this form see AR 40-66; the proponent agency is the TSG.	DOUBLE EXTRACT

RE-EVALUATION DUE	RE-EVALUATION DUE
PRESCRIPTION NUMBER	PRESCRIPTION NUMBER
EXTRACT CONTENT	EXTRACT CONTENT
HISTORY OF SYSTEMIC SHOT REACTIONS? ☐ YES	ON BETA BLOCKERS? ☐ YES ☐ NO

DATE *(YYYYMMDD)*	TIME	ARM/ DOSE	REACTIONS OR SPECIAL INSTRUCTIONS	TECH INITIALS	DATE *(YYYYMMDD)*	TIME	ARM/ DOSE	REACTIONS OR SPECIAL INSTRUCTIONS	TECH INITIALS

PATIENT'S IDENTIFICATION *(For typed or written entries give Name - last, first, middle, SSN; DOB; sex; treating facility)*

NURSING PERSONNEL INITIALS

NAME	INITIALS	NAME	INITIALS

DA FORM 5007B, FEB 2003 DA FORM 5007B-R, NOV 1991, IS OBSOLETE. APD LC v1.02ES